

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 17 2004


FILED

04 APR 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292004 Chg-LP CR2E003 (10/03)

DOCUMENT # A03000000016					
1. Entity Name K&R VENTURES, LLLP					
Principal Place of Business 1226 NORTH TAMiami TRAIL SARASOTA, FL 34236			Mailing Address 1226 NORTH TAMiami TRAIL SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>Suite 100</i>			Suite, Apt. #, etc. <i>Suite 100</i>		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTERSON, GREG 1226 NORTH TAMiami TRAIL SARASOTA, FL 34236			Name <i>Gregory L. Patterson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1226 N. Tamiami Trail</i> <i>Suite 100</i> City <i>Sarasota</i> FL <i>34236</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>			<i>Gregory L. Patterson</i> DATE <i>4/28/04</i>		
9. Capital Contributions as Shown on record. \$250,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000000336		STREET ADDRESS	<i>1226 N. Tamiami Tr. Suite 100</i>	
NAME	K&R VENTURES MANAGEMENT, LLC		CITY-ST-ZIP	<i>Sarasota, FL 34236</i>	
STREET ADDRESS	1226 NORTH TAMiami TRAIL				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>[Signature]</i>			<i>Robert G. Roskamp</i> Date <i>4/28/04</i> Daytime Phone # <i>941-951-1111</i>		

STAPLE CHECK HERE